

Savina Technical Service Bulletin # 9

Re: Replacement of Spirolog sensor cable harness

Date: May 12, 2003

Reference Doc: N/A

Reason: To improve the transmission of flow measurements all units with spiroplog cable harness version 1 should be upgraded to version 2.

Devices affected: Savinas up to and including serial number ARSE-0013 (May 2002)

When: During actions according to TSB Savina # 8 or at next Service Call or Preventive Maintenance.

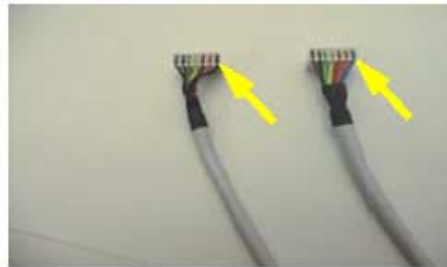
Cost: Free of charge

Reporting: Feedback for DrägerService (direct) will be captured using the DrägerService Dispatch System. All other distributors will be required to complete the attached Mandatory Action Completion form and either fax or mail to the following:

Mail: Dräger Medical Inc.
3122 Commerce Drive
Telford, PA 18969
Attn: Regulatory Affairs Dept.

FAX: (215) 721-5784 Attn: Tony Achey

Additional Info 1: An improved SW version 2.10 is available as of May 2003. This software will be more tolerant towards the “!!! Flow measurement failure” warning. For optimum performance it is mandatory that all Savinas be upgraded to SW 2.10 (ref. TSB # 8).

Additional Info 2:

Cable color on pin 1:

black = version 01

blue = version 02

Fig.3: Spirolog sensor cable harness

3. If the cable harness has version 01, replace it with a version 02 cable harness.

Ordering Info: Spirolog sensor cable harness - P/N 8414028

Distribution: DrägerService Personnel and authorized Service Organizations for CCS products. (Lifetronics, Brathwaites, ABS Medical, Freedom Medical).

If you have any questions, please contact Technical Support by phone at 1-800-543-5047 or by fax at 1-215-721-5789.

Dräger Medical, Inc.
Technical Product Manager

Savina
Mandatory Field Correction Form
TSB # 9

Device: Savina
Part Number: 8413600

Location Of Device(s): _____
(include address) _____

Device serial numbers: (list all devices at location that have been completed)

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

The above listed devices have been modified according to the instructions as listed in Savina Technical Service Bulletin # 9.

Mail or Fax to:

Mail: Dräger Medical Inc.
3122 Commerce Drive
Telford, PA 18969
Attn: Regulatory Affairs Dept.

FAX: (215) 721-5784 Attn: Tony Achey

Name: _____ ENG# _____ Date: _____